BOTOX® COSMETIC

Consent to Treat

Botulinum Toxin A injections involve a series of small subcutaneous injections designed to weaken certain muscles that cause wrinkling. Weakening of the injected muscles begins to be apparent after 2-3 days. Within 7-14 days, patients can expect to see the full effects of the treatment. Results typically last 3-6 months. Injections given at less than 3-month intervals may not produce a noticeable effect.

Please **review and initial** the following statements prior to your Botox Cosmetic™ treatment.

- I am not pregnant. I am not trying to get pregnant. I am not lactating (nursing). _____
- I do not have, or have not had, any major illnesses which would prohibit me from receiving botulinum injections. _____
- I certify that I do not have multiple allergies or high sensitivity to medications, including, but not limited to, botulinum injections. _____

Please **review and mark Yes/No** the following statements prior to your Botox Cosmetic™ treatment.

- Are you at least 21 years of age? Yes / No
- Have you ever received Botulinum Toxin A injections? Yes / No
- Are you taking any blood thinning medications? Yes / No
  (Aspirin, Aleve/Ibuprofen, Lovenox, Coumadin, Plavix, Xarelto) Yes / No
- Do you have a history of neurological or neuromuscular disorder
  (ALS, Lou Gehrig's, Myasthenia gravis, Lambert-Eaton Syndrome)? Yes / No
- Have you consumed alcohol within last 12 hours? Yes / No
- Do you have a history of cold sores or shingles? Yes / No
- Have you had a chemical peel within the last 24 hours? Yes / No
- Are you currently taking any autoimmune medications? Yes / No
- Are you currently taking any anti-malarial drugs (aminoquinalones)? Yes / No
- Are you taking any aminoglycoside antibiotics?
  (Gentamycin, Polymycin, Spectinomycin?) Yes / No
- Are you taking Cyclosporine or D-Penicillamine? Yes / No

Please **review and provide a signature** for the following statements prior to your Botox Cosmetic™ treatment.

- I acknowledge that I might experience post treatment discomfort or bruising.
- I acknowledge that I might experience an allergic reaction.
- I understand that I might experience a rare post-treatment infection associated with any transcutaneous injection.
- I understand that no procedure is completely risk-free and that unforeseen risks may not be included on this list.

Print name: _____ Signature/Date: _____

Botulinum Toxin A Treatment Log

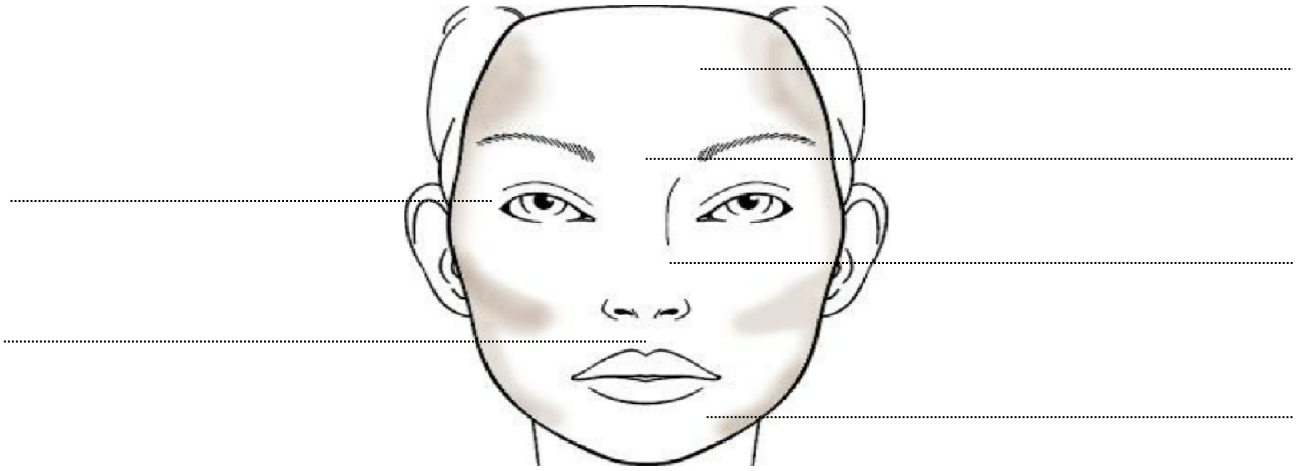
FFC
Freeman · Fonseca · Creason
Beauty

Patient Name: _____ **FFC Beauty Staff Name:** _____

Product Used / Lot #: _____ **Treatment Date:** _____

Total # of Units : _____ **Expiration Date:** _____

Area Treated	Frontallis Forehead	Glabellar Frown Lines	Lateral Canthus Crows Feet	Orbicularis Oris Lip Flip	Other Describe
Product + Notes, Narrative					
Amount: Units					



CLIENT INVOICE

PRODUCT/QUANTITY:		PRICE	TOTAL
Card			
Cash			
Other Payment Method			
Alle Discount(s)		-	-
FFC Discount(s)		-	-

Amount Paid